

California Nonresident or Part-Year Resident Income Tax Return 1999

FORM
540NR

Fiscal year filers only: Enter month of year end: month _____ year 2000.

Step 1

Place
label
here
or print

Name
and
Address

Your first name _____ Initial _____ Last name _____
If joint return, spouse's first name _____ Initial _____ Last name _____
Present home address — number and street including PO Box or rural route _____ Apt. no. _____ PMB no. _____
City, town, or post office _____ State _____ ZIP Code _____

P
AC
A
R
RP

Step 1a

SSN

Your social security number

Spouse's social security number

IMPORTANT:

Your social security number
is required.

Step 2

Filing Status

Fill in only one.

- 1 ☐ Single 2 ☐ Married filing joint return (even if only one spouse had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and full name here _____
4 ☐ Head of household (with qualifying person). STOP. See instructions.
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19 _____.

Step 3

Exemptions

Attach check or
money order here.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ● 6 ☐

► For line 7, line 8, line 9, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

- 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2

in the box. If you filled in the circle on line 6, see instructions 7 ☐ X \$72 = \$ _____

8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$72 = \$ _____

9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ● 9 ☐ X \$72 = \$ _____

10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit 10 Total \$ _____

- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.

_____ Total dependent exemption credit 11 ☐ X \$227 = \$ _____

Step 4

Taxable Income

Attach copy of your
Form(s) W-2, W-2G,
1099-R, 592-B,
594, 597, and other
Forms 1099
showing California
tax withheld here.

- 12 Total California wages from all your Form(s) W-2, box 17 ● 12 _____
13 Enter federal adjusted gross income from Form 1040, line 33; Form 1040A, line 18;
Form 1040EZ, line 4; TeleFile Tax Record, line I; Form 1040NR, line 33; or Form 1040NR-EZ, line 10 13 _____
14 California adjustments — subtractions. Enter the amount from Schedule CA (540NR), line 33, column B ● 14 _____
Caution: If the amount on Schedule CA (540NR), line 33, column B is a negative number, see instructions.
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 _____
16 California adjustments — additions. Enter the amount from Schedule CA (540NR), line 33, column C ● 16 _____
Caution: If the amount on Schedule CA (540NR), line 33, column C is a negative number, see instructions.
17 Adjusted gross income from all sources. Combine line 15 and line 16 ● 17 _____
18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 40; **OR**
Your California **standard deduction**. See instructions ● 18 _____
19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19 _____

Step 5

Tax

- 20 CA adjusted gross income from Schedule CA (540NR), line 33, column E ● 20 _____
22 Tax on the amount shown on line 19. Fill in the circle if from:
☐ Tax Table ☐ Tax Rate Schedules ☐ FTB 3800 or ☐ FTB 3803 ● 22 _____
Caution: If under age 14 and you have more than \$1,400 of investment income, read the line 22 instructions to see if you must attach form FTB 3800.
23 Exemption credits. If the amount on line 13 is more than \$119,813, see instructions.
Otherwise add line 10 and line 11 and enter the result on line 23 23 _____
24 Subtract line 23 from line 22. If less than zero, enter -0- 24 _____
25a Ratio. Enter the ratio from Schedule CA (540NR), line 34 25a _____
25b Multiply line 24 by the ratio on line 25a 25b _____
26 Tax. Fill in circle if from ☐ Schedule G-1, Tax on Lump-Sum Distributions; and
☐ form FTB 5870A, Tax on Accumulation Distribution of Trusts ● 26 _____
27 Add line 25b and line 26. Continue to Side 2 ● 27 _____

Step 6

Special Credits and Nonrefundable Renter's Credit

28	Amount from Side 1, line 27	28	
31	Credit for joint custody head of household. See instructions	31	
32	Credit for dependent parent. See instructions	32	
33	Credit for senior head of household. See instructions	33	
36	Add line 31 through line 33. Multiply the total by the ratio on Side 1, line 25a	36	
37	Enter credit name _____ code no. _____ and amount	37	
38	Enter credit name _____ code no. _____ and amount	38	
39	To claim more than two credits, see instructions	39	
40	Nonrefundable renter's credit. See instructions for "Step 6"	40	
42	Add line 36 through line 40. These are your total credits	42	
43	Subtract line 42 from line 28. If less than zero, enter -0-	43	

Step 7

Other Taxes

44	Alternative minimum tax. Attach Schedule P (540NR)	44	
45	Other taxes and credit recapture. See instructions	45	
46	Add line 43 through line 45. This is your total tax	46	

Step 8

Payments

47	California income tax withheld. Enter total from your 1999 Form(s) W-2, W-2G, 1099-MISC, 1099-R, 592-B, 594, or 597. Also attach the form(s) to Side 1	47	
48	1999 CA estimated tax; amount applied from 1998 return, etc. See instructions	48	
50	Excess SDI. See instructions	50	
51	Add line 47 through line 50. These are your total payments	51	

Step 9

Overpaid Tax or Tax Due

52	Overpaid tax. If line 51 is more than line 46, subtract line 46 from line 51	52	
53	Amount of line 52 you want applied to your 2000 estimated tax	53	
54	Overpaid tax available this year. Subtract line 53 from line 52	54	
55	Tax due. If line 51 is less than line 46, subtract line 51 from line 46	55	

Step 10

Contributions

56	Contribution to California Seniors Special Fund. See instructions	56	
57	Alzheimer's Disease/Related Disorders Fund	57	00
58	California Fund for Senior Citizens	58	00
59	Rare and Endangered Species Preservation Program	59	00
60	State Children's Trust Fund for the Prevention of Child Abuse	60	00
61	California Breast Cancer Research Fund	61	00
62	California Firefighters' Memorial Fund	62	00
63	California Public School Library Protection Fund	63	00
64	D.A.R.E. California (Drug Abuse Resistance Education) Fund	64	00
65	California Mexican American Veterans' Memorial	65	00
66	Emergency Food Assistance Program Fund	66	00
67	California Peace Officer Memorial Foundation Fund	67	00
68	Birth Defects Research Fund	68	00
69	Add line 56 through line 68. These are your total contributions	69	

Step 11

Refund or Amount You Owe

70	REFUND OR NO AMOUNT DUE. Subtract line 69 from line 54. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000	70	
71	AMOUNT YOU OWE. Add line 55 and line 69. Make a check/money order payable to "Franchise Tax Board" for the full amount. Write your social security number and "1999 Form 540NR" on it. Attach it to the front of your Form 540NR and mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	71	

Step 12

Interest and Penalties

72	Interest, late return penalties, and late payment penalties	72	
73	Underpayment of estimated tax. Fill in circle: <input type="radio"/> FTB 5805 attached <input type="radio"/> FTB 5805F attached	73	
74	If you do not need California income tax forms mailed to you next year, fill in the circle	74	<input type="radio"/>

Step 13

Direct Deposit Information

Routing number	
Account Type:	
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account number

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 9

Sign Here

Joint return? See instructions.

It is unlawful to forge a spouse's signature.

Your signature	Daytime phone number
X _____ Spouse's signature (if filing joint, both must sign)	() +
X _____ Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	Date + + + +
Firm's name (or yours if self-employed)	Paid Preparer's SSN/FEIN/PTIN
Firm's address	